

JENNIFER M. GRANHOLM

STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH DEPARTMENT OF HUMAN SERVICES LANSING

JANET OLSZEWSKI ISHMAEL AHMED DIRECTORS

MEMORANDUM

TO: Health Care Facilities covered under MCL§§ 330.1134a, MCL 333.20173a and

Adult Foster Care facilities covered under MCL 400.734b

FROM: Workforce Background Check Program - Department of Community Health and

Department of Human Services

SUBJECT: Fingerprint submission for conditional employees

DATE: June 11, 2010

Conditional employment is authorized under MCL§§ 330.1134a, 333.20173a and 400.734b after a check of available registries is completed and no disqualifying information is found, and a request for a criminal history check is submitted.

The Department of Community Health and the Department of Human Services have extended the fingerprint submission period for conditional employees. Effective immediately, conditional employees must submit fingerprints within 15 business days. This is a temporary extension due to the transition to a new fingerprint vendor and will expire on July 15, 2010.

On or after July 16, 2010 conditional employees will have 10 business days to submit fingerprints.

If you have any questions, please contact the Michigan Workforce Background Check program at:

Department of Community Health

1-877-718-5547

Nursing homes, county medical care facilities, hospitals that provide swing bed services, hospices, home health agencies, psychiatric facilities, ICF/MRs.

Department of Human Services

1-877-718-5542

Adult foster care facilities and homes for the aged.

Email questions or comments at www.miltcpartnership.org [Request Support] after logging on or select "Support Services" from the public home page.